Change in Company's	premium	or	rate	level	. produced	by	rate
revision effective	8/26/2015					٠.	

	07-07-07-0		
(1)	Лпп	(2) ual Premium	(3) Percent
<u>Coverage</u>		e (Illinois)*	<u>Change (+ or -) **</u>
1. Automobile Liabilit Private Passenger	У		
Commercial		<del></del>	
2. Automobile Physical Private Passenger Commercial	Damage		
3. Liability Other Than	.1 Auto		
<ol> <li>Burglary and Theft</li> <li>Glass</li> </ol>		<del></del>	
6. Fidelity			
<b>-</b>			
7. Surety		<del></del>	
<ol> <li>Boiler and Machiner</li> <li>Fire</li> </ol>	<u> </u>		
10. Extended Coverage			
11. Inland Marine		<del></del>	
12. Homeowners 13. Commercial Multi-Pe			
		-	
14. Crop Hail			
15. Other Allstate Commerc	ial Policy	\$10,025,439	4.8%
Package Line of Ins			
Does filing only apply If so, specify: N/A	to certain territor	ry (territories)or	certain classes?
Brief description of fi organization, specify o	rganization): We	are revising our pa	ckage credit factors
and adding two propriet	ary rules: Cyber O	ne and Data Comprom	ise.
* Adjusted to reflect ** Change in Company's result from applicat Note: It is very diffic our rating structure. of the data needed to r are also significant co accurately calculate a indicated n/a.	premium level which ion of new rates. ult for Allstate to Under our current hate a policy under verage changes that	n will  measure the impaction  rating structure we  the proposed rating  t are occurring so	do not capture all g structure. There we are unable to
	A	llstate Insurance C	ompany
		Name of Company	7
	Rhonda Ama	Name of Company ann-Assistant State F: Official - Titl	ilings Manager

#### FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2015 (new); 07/01/2015 (renewal)

	(1) Coverage -	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Α	automobile Liability Private	volume (minors)	Charge (101-)
	assenger		
	Commercial		
	automobile Physical Damag		
	Private Passenger		•
	Commercial		
	iability Other Than Auto		
	Surglary and Theft		#
	Glass		
_	idelity		
	urety		*
	oiler and Machinery		
	ire		
-	xtended Coverage		
	nland Marine	· · · · · · · · · · · · · · · · · · ·	
	lomeowners		
	Commercial Multi-Peril		
	rop Hail		
_	Other Condominium	643,172	+9.0%
_	Line of Insurance		
C	Does filing only apply to certa Classes? If so, specify:  No, this to the contract of the certa apply to certa	in territory (territories) or filing applies to all territories and	
	Brief description of filing. (If fi Organization, specify	ling follows rates of an a	dvisory
	organization):	This filing proposes the oli	imination of protection classes, the
	organization). addition of a multiple claim surcharge, as		
- 2	suchabit of a manuple dalin surcharge, as	wen as aujustinents to the base t	uwenning rates based on territory.

American Bankers Insurance Company of Florida

Name of Company

Vice President

Official - Title

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

### FORM (RF-3)

#### SUMMARY SHEET

-	(1)	(2) Annual Premium	(3) Percent
	Coverage -	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	<del></del>	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Commercial Property	151,203	2.7%
	Life of Insurance		
•	Does filing only apply to certa	in territory (territories) or a	certain
	Classes? If so,	(to	
	specify: No		
	Brief description of filing. (If fi	ling follows rates of an ac	lvisory
	Organization, specify	_	•
	organization):	We are updating our Loss C	Cost Multipliers and Package factors to
	achieve an overall 2.7% rate change.		
	*Adjusted to reflect all prior ra  **Change in Company's prem	_	from application of new
	rates.	American Select In	surance Company(NAIC 19992)
			ne of Company
		Adriana K. Lockman	•
		Autidita N. EUCKITIAN	i toduct Atlaiyat

1.

2

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

| Change in Company's premium of | r rate leve | I produced by | y rate revision |
|--------------------------------|-------------|---------------|-----------------|
| effective 06/01/2015           |             |               |                 |

| (1)  | (2)   | (3)  |
|--|---|--|
| Coverage   | Annual Premium<br>Volume (Illinois) *             | Percent Change (+or-) **   |
| Automobile Liability Private                                 | voidine (minoro)                                  | Onlaring ( VOI )   |
| Passenger  |   |  |
| Commercial   |   | **************************************   |
| Automobile Physical Damag                                    |   |  |
| Private Passenger  |   | •  |
| Commercial   |   |  |
| Liability Other Than Auto                                    |   |  |
| Burglary and Theft   |   | Maria 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 -  |
| Glass  |   |  |
| Fidelity   |   |  |
| Surety   |   | **************************************   |
| Boiler and Machinery   |   |  |
| Fire   |   |  |
| Extended Coverage  |   | The state of the s |
| Inland Marine  |   |  |
| Homeowners   |   |  |
| Commercial Multi-Peril                                       |   |  |
| Crop Hail  |   | V  |
| Other Employment Practices                                   | 39656   | 8.5  |
| Life of Insurance  |   |  |
| <b>5</b> 68 1 1 1 1  |   |  |
| Does filing only apply to certa                              | in territory (territories) or                     | certain  |
| Classes? If so,  |   |  |
| specify: No No   |   |  |
| Brief description of filing. (If fi                          | ling follows rates of an ad                       | dvisory  |
| Organization, specify  | •   | •  |
| organization):   |   |  |
| Arch Insurance Company, a member of Insur                    | ance Services Office (ISO), is filing to          | adopt ISO Employment-Related Practices   |
| loss cost revision as contained in Reference Number EP-2014- | RLA1 and ISO Employment-Related Practices rule in | evision as contained in reference number EP-2014-REPRU.  |
| *Adjusted to reflect all prior ra                            | te changes.                                       |  |
| **Change in Company's prem                                   | ium level which will resul                        | t from application of new  |
| rates.   |   |  |
|  | Arch Insurance Co                                 |  |
|  |   | me of Company  |
|  |   | e President, Compliance  |
|  |   | Official - Title   |

## FORM (RF-3)

|           | Change in Company's premiu effective 4/1/2015                      | ım or rate level produced                             | by rate revision                        |
|-----------|--|---|---|
| -         | (1)  | (2)<br>Annual Premium                                 | (3)<br>Percent                          |
| -         | Coverage   | - Volume (Illinois) *                                 | Change (+or-) **                        |
| 1.        | Automobile Liability Private                                       |   |   |
|           | Passenger  |   | <del></del>                             |
| _         | Commercial   |   |   |
| 2         | Automobile Physical Damag  |   |   |
|           | Private Passenger  |   |   |
| 2         | Commercial   |   |   |
| 3.        | Liability Other Than Auto  |   |   |
| 4.<br>5.  | Burglary and Theft   |   |   |
| ა.<br>მ.  | Glass<br>Fidelity  |   |   |
| 7.        | Surety   |   |   |
| , .<br>3. | Boiler and Machinery   |   |   |
| э.<br>Э.  | Fire   |   |   |
| 10.       | Extended Coverage  |   | <u> </u>                                |
| 11.       | Inland Marine  |   |   |
| 12.       | Homeowners   | <del></del>   |   |
| 13.       | Commercial Multi-Peril   |   |   |
| 14.       | Crop Hail  |   |   |
| 15.       | Other Businessowners   | \$10,342,149  | 59 (estimated)                          |
|           | Line of Insurance  |   |   |
| •         | Does filing only apply to certa Classes? If so, specify: applies a | nin territory (territories) or across all territories | certain                                 |
|           | Brief description of filing. (If for Organization, specify         | •   | •                                       |
|           | organization):   |   | les for mixed occupancy to increase the |
|           | permitted mercantile occupancy from 15                             | % to 33% while still allowing apart                   | ment or office rates                    |
|           | *Adjusted to reflect all prior ra  **Change in Company's premates. |   | t from application of new               |
|           |  |   | Fire Insurance Company                  |
|           |  |   | me of Company                           |
|           |  |   | CU - Assistant Manager                  |
|           |  | (   | Official – Title                        |

### FORM (RF-3)

#### **SUMMARY SHEET**

| Change in Company's premium or rate level produced by rate revision |
|---|
| effective April 1, 2015   |

| -   | (1)   | (2)<br>Annual Premium                            | (3) Percent                      |
|-----|---|--|----------------------------------|
|     | Coverage -                                      | Volume (Illinois) *                              | Change (+or-) **                 |
| 1.  | Automobile Liability Private                    |  |                                  |
|     | Passenger                                       |  |                                  |
|     | Commercial                                      |  |                                  |
| 2   | Automobile Physical Damag                       |  |                                  |
|     | Private Passenger                               |  |                                  |
|     | Commercial                                      |  |                                  |
| 3.  | Liability Other Than Auto                       | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |                                  |
| 4.  | Burglary and Theft                              |  |                                  |
| 5.  | Glass   |  |                                  |
| 6.  | Fidelity  |  |                                  |
| 7.  | Surety  |  |                                  |
| 8.  | Boiler and Machinery                            |  |                                  |
| 9.  | Fire  |  |                                  |
| 10. | Extended Coverage                               |  |                                  |
| 11. | Inland Marine                                   |  |                                  |
| 12. | Homeowners                                      |  |                                  |
| 13. | Commercial Multi-Peril                          |  |                                  |
| 14. | Crop Hail                                       |  |                                  |
| 15. | Other Businessowners                            | \$10,342,149                                     | +.07% (actual)                   |
|     | Line of Insurance                               |  |                                  |
| •   | Does filing only apply to certa Classes? If so, |  |                                  |
|     | specify: This filing                            | g applies to all BOP Condo Asso                  | ciation policies carrying the    |
|     | Condominium Enhancement Endorsement             |  |                                  |
|     | Brief description of filing. (If fi             | ling follows rates of an ac                      | dvisory                          |
|     | Organization, specify                           |  |                                  |
|     | organization):                                  | Increase premium of Cond                         | dominium Enhancement Endorsement |
|     | by \$25 due to the \$150,000 increase in C      | Ordinance or Law Coverage includ                 | ed within the endorsement.       |
|     | *Adjusted to reflect all prior ra               | to changes                                       |                                  |
|     | **Change in Company's prem                      |  | t from application of new        |
|     | rates.  |  | o application of non             |
|     |   | Cambridge Mutual                                 | Fire Insurance Company           |

Cambridge Mutual Fire Insurance Company

Name of Company

Craig M. Doyle, CPCU - Assistant Manger

Official — Title

#### FORM (RF-3)

#### SUMMARY SHEET

|   | (1)   | (2)<br>Annual Premium                   | (3)<br>Percent            |
|---|---|---|---------------------------|
|   | Coverage  | <ul> <li>Volume (Illinois) *</li> </ul> | Change (+or-) **          |
| , | Automobile Liability Private                                    |   |                           |
|   | Passenger   |   |                           |
| ( | Commercial  |   |                           |
| , | Automobile Physical Damag                                       |   |                           |
| I | Private Passenger   |   |                           |
| ( | Commercial  |   |                           |
|   | Liability Other Than Auto                                       |   |                           |
| ı | Burglary and Theft  |   |                           |
| ( | Glass   |   |                           |
| F | Fidelity  |   |                           |
|   | Surety  |   |                           |
| 8 | Boiler and Machinery  |   |                           |
| F | Fire  |   |                           |
| E | Extended Coverage   |   |                           |
| İ | nland Marine  |   |                           |
| ł | Homeowners  |   |                           |
| ( | Commercial Multi-Peril  |   |                           |
| ( | Crop Hail   |   |                           |
| ( | Other Hired and Non-Owned Auto Liability                        | \$9,765,231                             | 2.17%                     |
|   | Line of Insurance   |   |                           |
|   | Does filing only apply to certa<br>Classes? If so,<br>specify:  | ain territory (territories) or          | certain                   |
|   | Brief description of filing. (If f                              | iling follows rates of an ac            | dvisory                   |
|   | Organization, specify   |   |                           |
|   | organization):  | Non-Owned Auto Liability                | oss costs are amended.    |
|   |   |   |                           |
|   | ±0.1: -1.401.11   | -1                                      |                           |
|   | *Adjusted to reflect all prior ra<br>**Change in Company's prem |   | t from application of nev |
|   | rates.  |   |                           |
|   | rates.  | Illinois Casualty Co                    | mpany                     |
|   | rates.  |   | mpany<br>ne of Company    |

### FORM (RF-3)

#### **SUMMARY SHEET**

| -          | (1)<br>Coverage  | (2) Annual Premium Volume (Illinois) *  | (3) Percent Change (+or-) **     |
|------------|--|---|----------------------------------|
| 1.         | Automobile Liability Private                           | <del></del>                             |                                  |
|            | Passenger  |   |                                  |
|            | Commercial   |   |                                  |
| 2          | Automobile Physical Damag                              |   |                                  |
|            | Private Passenger                                      |   | •                                |
|            | Commercial   |   |                                  |
| <b>}</b> . | Liability Other Than Auto                              | *************************************** |                                  |
|            | Burglary and Theft                                     |   |                                  |
| i.         | Glass  |   |                                  |
|            | Fidelity   |   |                                  |
| <b>.</b>   | Surety   |   |                                  |
|            | Boiler and Machinery                                   |   |                                  |
|            | Fire   |   |                                  |
| 0.         | Extended Coverage                                      |   |                                  |
| 1.         | Inland Marine  |   |                                  |
| 2.         | Homeowners   |   |                                  |
| 3.         | Commercial Multi-Peril                                 |   |                                  |
| 4.         | Crop Hail  |   |                                  |
| 5.         | Other Businessowners                                   | \$1,579,843                             | +.04% (actual)                   |
|            | Line of Insurance                                      |   |                                  |
| •          | Des files est constate est                             | ( -                                     |                                  |
|            | Does filing only apply to cert                         | tain territory (territories) o          | rcenain                          |
|            | Classes? If so, specify: This file                     | ing applies to all BOP Condo Ass        | codation policies asserting the  |
|            | Condominium Enhancement Endorsemen                     |   | sociation policies carrying the  |
|            | <del></del>  |   | advisom                          |
|            | Brief description of filing. (If Organization, specify | ining follows rates of an a             | advisory                         |
|            | organization):   | Increase promium of Co                  | ndominium Enhancement Endorsemer |
|            | by \$25 due to the \$150,000 increase in               |   |                                  |
|            | by \$25 due to the \$150,000 increase in               | Ordinance of Law Coverage Incid         | aded within the endorsement.     |
|            | *Adjusted to reflect all prior r                       | <del>-</del>                            | ult from application of now      |
|            | **Change in Company's pre-<br>rates.                   | minim ieael milion mili 1621            | an norn application of new       |
|            | 1003.  | Merrimack Mutua                         | l Fire Insurance Company         |
|            |  |   | ame of Company                   |
|            |  |   | PCIL Assistant Manager           |

## FORM (RF-3)

| (1)  | (2)<br>Annual Premium                    | (3)<br>Percent                         |
|--|--|--|
| Coverage   | - Volume (Illinois) *                    | Change (+or-) **                       |
| Automobile Liability Private                       | е  |  |
| Passenger  | <del></del>                              |  |
| Commercial   |  |  |
| Automobile Physical Dama                           | ag                                       | •                                      |
| Private Passenger                                  |  |  |
| Commercial   | <del></del>                              |  |
| Liability Other Than Auto                          | <del></del>                              |  |
| Burglary and Theft                                 |  |  |
| Glass  |  |  |
| Fidelity   |  |  |
| Surety  Reiler and Machinen                        | <del></del>                              |  |
| Boiler and Machinery Fire                          |  |  |
| Extended Coverage                                  |  | <del></del>                            |
| Inland Marine                                      |  |  |
| Homeowners   |  |  |
| Commercial Multi-Peril                             | <del></del>                              |  |
| Crop Hail  |  |  |
| Other Businessowners                               | \$1,579,843                              | 58 (estimated)                         |
| Line of Insurance                                  |  | 100 (0011110100)                       |
| Classes? If so,                                    | ertain territory (territories) or        | certain                                |
| specity. app                                       | nes across an territories                |  |
| Brief description of filing. Organization, specify | (If filing follows rates of an ad        | dvisory                                |
| organization):                                     | Revise our classification ru             | les for mixed occupancy to increase th |
| permitted mercantile occupancy from                | m 15% to 33% while still allowing apartr | ment or office rates                   |
| *Adjusted to reflect all prio                      | r rate changes.                          |  |
|  | remium level which will resul            | t from application of new              |
|  |  | Fire Insurance Company                 |
|  |  | ne of Company                          |
|  | . Y                                      | CU - Assistant Manager                 |
|  | (  | Official – Title                       |

### FORM (RF-3)

|                | Change in Company's premiu effective 01/16/2015                                   | ım or rate level produced<br>                | by rate revision                                    |
|----------------|---|--|---|
| -              | (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois) * | (3) Percent Change (+or-) **                        |
|                | Automobile Liability Private Passenger Commercial                                 |  |   |
|                | Automobile Physical Damag Private Passenger Commercial                            |  | •   |
|                | Liability Other Than Auto<br>Burglary and Theft<br>Glass                          |  |   |
|                | Fidelity Surety Boiler and Machinery  |  |   |
| 0.             | Fire Extended Coverage  |  |   |
| 1.<br>2.<br>3. | Inland Marine Homeowners Commercial Multi-Peril                                   |  |   |
| 4.<br>5.       | Crop Hail Other Recreational Vehicle  | 196,642                                      | -0.3%   |
| •              | Line of Insurance  Does filing only apply to certa  Classes? If so,  specify:  No | nin territory (territories) or               | certain   |
|                | Brief description of filing. (If f  | •  | •   |
|                | organization):  | Rates only filing for recreational           | vehicle. One change to the multi-policy factor rule |
|                | *Adjusted to reflect all prior ra **Change in Company's premates.                 |  | It from application of new                          |
|                | 18(63)  |  | Insurance Company me of Company                     |
|                |   | Tyler Formica - Pric                         | cing Analyst  |
|                |   | (  | Official – Title                                    |

### FORM (RF-3)

| (1)                                    | (2)<br>Annual Premium                   | (3)<br>Percent                              |
|--|---|---|
| Coverage                               | - Volume (Illinois) *                   | Change (+or-) **                            |
| Automobile Liability Pr                | vate                                    |   |
| Passenger                              |   |   |
| Commercial                             | <del></del>                             |   |
| Automobile Physical D                  | amag                                    | •   |
| Private Passenger                      |   |   |
| Commercial                             |   |   |
| Liability Other Than Au                | 10                                      |   |
| Burglary and Theft                     |   |   |
| Glass                                  |   |   |
| Fidelity                               | **************************************  |   |
| Surety  Reiler and Machinery           |   |   |
| Boiler and Machinery Fire              |   |   |
| Extended Coverage                      |   |   |
| Inland Marine                          |   |   |
| Homeowners                             | *************************************** |   |
| Commercial Multi-Peril                 |   |   |
| Crop Hail                              |   |   |
| Other Motorcycle                       | 763,756                                 | -1.6%                                       |
| Line of Insuran                        |   |   |
| Does filing only apply Classes? If so, | o certain territory (territories) or    | certain                                     |
| specify:                               | No                                      |   |
| Brief description of filin             | g. (If filing follows rates of an a     | advisory                                    |
| Organization, specify                  |   |   |
| organization):                         | Revised rates and rules filing          | for motorcycle liability and physical damag |
|  |   |   |
| *Adjusted to reflect all               |   |   |
| **Change in Company rates.             | 's premium level which will rest        | ilt from application of new                 |
|  |   | t Insurance Company                         |
|  |   | me of Company                               |
|  | Lisa Hardy, Pricing                     | ~~~   |
|  |   | Official – Title                            |

### FORM (RF-3)

## SUMMARY SHEET

| Change in Company's premiu | ım or rate level produced b | y rate revision |
|----------------------------|-----------------------------|-----------------|
| effective 01/16/2015       |                             |                 |
|                            |                             |                 |
| (4)                        | ( )                         | (0)             |

| -   | (1)                              | (2)<br>Annual Premium                   | (3)<br>Percent  |
|-----|----------------------------------|---|---|
|     | Coverage                         | <ul> <li>Volume (Illinois) *</li> </ul> | Change (+or-) **                                      |
| 1.  | Automobile Liability Private     |   |   |
|     | Passenger                        |   |   |
|     | Commercial                       |   |   |
| 2   | Automobile Physical Damag        |   |   |
|     | Private Passenger                |   |   |
|     | Commercial                       |   |   |
| 3.  | Liability Other Than Auto        |   |   |
| 4.  | Burglary and Theft               |   |   |
| 5.  | Glass                            |   |   |
| 3.  | Fidelity                         |   |   |
| 7.  | Surety                           |   |   |
| 3.  | Boiler and Machinery             |   |   |
| €.  | Fire                             |   |   |
| 10. | Extended Coverage                |   |   |
| 11. | Inland Marine                    |   |   |
| 12. | Homeowners                       |   |   |
| 13. | Commercial Multi-Peril           |   |   |
| 14. | Crop Hail                        |   |   |
| 15. | Other Recreational Vehicle       | 3,507,055                               | -0.5%   |
|     | Line of Insurance                | 0,001,000                               | 70.076  |
|     | Line of madrance                 |   |   |
|     | Does filing only apply to cert   | ain territory (territories) o           | r certain   |
|     | Classes? If so,                  |   |   |
|     | specify: No                      |   |   |
|     |                                  |   |   |
|     | Brief description of filing. (If | filing follows rates of an a            | advisory  |
|     | Organization, specify            |   |   |
|     | organization):                   | Rates only filing for recreationa       | l vehicle. One change to the multi-policy factor rule |
|     |                                  |   |   |
|     |                                  |   |   |
|     | *Adjusted to reflect all prior r | ate changes.                            |   |
|     | **Change in Company's prer       | mium level which will rest              | ult from application of new                           |
|     | rates.                           |   |   |
|     |                                  | Progressive North                       | nern Insurance Company                                |
|     |                                  | A1.                                     |   |

Progressive Northern Insurance Company
Name of Company
Tyler Formica - Pricing Analyst
Official - Title

## FORM (RF-3)

### SUMMARY SHEET

| (1)                          | (2)<br>Annual Premium              | (3)<br>Percent                          |
|------------------------------|------------------------------------|---|
| Coverage                     | - Volume (Illinois) *              | Change (+or-) **                        |
| Automobile Liability Priva   | te                                 |   |
| Passenger                    |                                    |   |
| Commercial                   |                                    |   |
| Automobile Physical Dam      | nag                                |   |
| Private Passenger            |                                    |   |
| Commercial                   |                                    |   |
| Liability Other Than Auto    |                                    |   |
| Burglary and Theft           |                                    |   |
| Glass                        |                                    | **************************************  |
| Fidelity                     |                                    |   |
| Surety                       |                                    |   |
| Boiler and Machinery         |                                    |   |
| Fire                         |                                    |   |
| Extended Coverage            |                                    |   |
| Inland Marine                |                                    |   |
| Homeowners                   |                                    |   |
| Commercial Multi-Peril       |                                    |   |
| Crop Hail                    |                                    |   |
| Other Motorcycle             | 15,798,548                         | -2.4%                                   |
| Line of Insurance            |                                    |   |
| Does filing only apply to o  | certain territory (territories) or | certain                                 |
| Classes? If so,              | ,                                  |   |
| specify: No                  |                                    |   |
|                              |                                    |   |
| , .                          | (If filing follows rates of an a   | dvisory                                 |
| Organization, specify        |                                    |   |
| organization):               | Revised rates and rules filing     | for motorcycle liability and physical d |
|                              |                                    |   |
| *Adjusted to reflect all pri | or rate changes.                   |   |
|                              | premium level which will resul     | It from application of nev              |
| rates.                       |                                    | • •                                     |
|                              | Progressive Northe                 | ern Insurance Company                   |
|                              | Nai                                | me of Company                           |
|                              | Lisa Hardy, Pricing                | Analyst                                 |

### FORM (RF-3)

| (1)<br>Coverage   | (2) Annual Premium - Volume (Illinois) *  | (3) Percent Change (+or-) **  |
|---|---|---|
| Automobile Liability Private  |   |   |
| Passenger   |   |   |
| Commercial  |   |   |
| Automobile Physical Damag   |   |   |
| Private Passenger   |   |   |
| Commercial  |   |   |
| Liability Other Than Auto   |   |   |
| Burglary and Theft  |   |   |
| Glass   |   |   |
| Fidelity  |   |   |
| Surety  |   |   |
| Boiler and Machinery  |   |   |
| •   |   |   |
| Fire  |   |   |
| Extended Coverage Inland Marine   |   |   |
|   |   |   |
| Homeowners  | •   |   |
| Commercial Multi-Peril  |   |   |
| Crop Hail   |   |   |
| Other Recreational Vehicle  | 926,011   | -0.6%   |
| Line of Insurance   |   |   |
| Does filing only apply to certa   | ain territory (territories) or  | certain   |
| Classes? If so,   |   |   |
| Classes? If so, specify: No No  |   |   |
| specify: No No  |   |   |
| specify: No  Brief description of filing. (If   | filing follows rates of an a  | dvisory   |
| Brief description of filing. (If Organization, specify  | -   |   |
| specify: No  Brief description of filing. (If   | -   |   |
| Brief description of filing. (If Organization, specify  | -   |   |
| Brief description of filing. (If Organization, specify organization):   | Rates only filing for recreational  |   |
| Brief description of filing. (If Organization, specify organization):  *Adjusted to reflect all prior reference.  | Rates only filing for recreational  | vehicle. One change to the multi-policy fact  |
| Brief description of filing. (If Organization, specify organization):  *Adjusted to reflect all prior refractions or the company's premium of the | Rates only filing for recreational  | vehicle. One change to the multi-policy fact  |
| Brief description of filing. (If Organization, specify organization):  *Adjusted to reflect all prior reference.  | Rates only filing for recreational attention of the changes.  nium level which will resu        | vehicle. One change to the multi-policy fact  |
| Brief description of filing. (If Organization, specify organization):  *Adjusted to reflect all prior refractions or the company's premium of the | Rates only filing for recreational atte changes.  nium level which will resu  Progressive Unive | vehicle. One change to the multi-policy fact  It from application of nev rsal Insurance Company |
| Brief description of filing. (If Organization, specify organization):  *Adjusted to reflect all prior refractions or the company's premium of the | Rates only filing for recreational atte changes.  nium level which will resu  Progressive Unive | It from application of nevrsal Insurance Company me of Company                                  |

### FORM (RF-3)

| Change in Company's premiu effective 01/16/2015                      | ım or rate level produced                    | d by rate revision                          |
|--|--|---|
| (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois) * | (3) Percent Change (+or- <u>)</u> **        |
| Automobile Liability Private Passenger                               |  | - Change ( C. )                             |
| Commercial Automobile Physical Damag Private Passenger Commercial    |  | •   |
| Liability Other Than Auto<br>Burglary and Theft                      |  |   |
| Glass<br>Fidelity  |  |   |
| Surety Boiler and Machinery Fire                                     |  |   |
| Extended Coverage Inland Marine                                      |  |   |
| Homeowners Commercial Multi-Peril                                    |  |   |
| Crop Hail Other Motorcycle   | 9,789,937                                    | -3.2%                                       |
| Line of Insurance  |  |   |
| Does filing only apply to certa Classes? If so, specify:             | in territory (territories) o                 | г сепаіп                                    |
| specify: No No   |  |   |
| Brief description of filing. (If fill Organization, specify          | iling follows rates of an a                  | advisory                                    |
| organization):   | Revised rates and rules filing               | g for motorcycle liability and physical dam |
|  |  |   |
| *Adjusted to reflect all prior ra<br>**Change in Company's premates. |  | ult from application of new                 |
| , 5, 55  |  | ersal Insurance Company                     |
|  | Na<br>Lisa Hardy, Pricing                    | me of Company<br>Analyst                    |
|  | <del>, " '</del>                             | Official – Title                            |

## FORM (RF-3)

| (1)   | (2)<br>Annual Premium                   | (3)<br>Percent                           |
|---|---|--|
| Coverage  | <ul> <li>Volume (Illinois) *</li> </ul> | Change (+or-) **                         |
| Automobile Liability Private                                  |   |  |
| Passenger   |   |  |
| Commercial  |   |  |
| Automobile Physical Damag                                     |   | •  |
| Private Passenger   |   |  |
| Commercial  |   |  |
| Liability Other Than Auto                                     |   |  |
| Burglary and Theft  |   |  |
| Glass   |   |  |
| Fidelity  |   |  |
| Surety  |   |  |
| Boiler and Machinery  |   |  |
| Fire  |   |  |
| Extended Coverage   |   |  |
| nland Marine  |   |  |
| Homeowners  |   |  |
| Commercial Multi-Peril  |   |  |
| Crop Hail   |   |  |
| Other Businessowners  Life of Insurance                       | 645,717                                 | +11.3%                                   |
| Does filing only apply to cert<br>Classes? If so,<br>specify: | ain territory (territories) or          | certain                                  |
| Brief description of filing. (If                              | fiting follows rates of an a            | dvisory                                  |
| Organization, specify   | ming rollows rates of all a             | avisory                                  |
| organization):  | Adopt latest ISO Loss Costs E           | BP-2014- RLA1, and revise our LCM to 1.9 |
|   |   |  |
|   |   |  |
| *Adjusted to reflect all prior i<br>**Change in Company's pre |   | It from application of new               |
| rates.  | Sentry Insurance A                      | Mutual Company                           |
|   |   | me of Company                            |
|   |   | -  |
|   | (                                       | Official – Title                         |

#### **SUMMARY SHEET**

Form (RF-3)

|     | Change in Company's premium or ra                          | te level produced by rate revision effective: | 03/15/2015                   |
|-----|--|---|------------------------------|
|     | (1)  | (2)   | (3)                          |
|     | <u>Coverage</u>  | Annual Premium Volume (Illinois)*             | Percent<br>Change (+ or -)** |
| 1.  | Automobile Liability Private Passenger Commercial          |   |                              |
| 2.  | Automobile Physical Damage<br>Private Passenger Commercial |   |                              |
| 3.  | Liability Other Than Auto                                  |   |                              |
| 4.  | Burglary & Theft   |   |                              |
| 5.  | Glass  |   |                              |
| 6.  | Fidelity   |   |                              |
| 7.  | Surety   |   |                              |
| 8.  | Boiler & Machinery   |   |                              |
| 9.  | Fire   |   |                              |
| 10. | Extended Coverage  |   |                              |
| 11. | Inland Marine  |   |                              |
| 12. | Homeowners   |   |                              |
| 13. | Commercial Multi-Peril                                     |   |                              |
| 14. | Crop Hail  |   |                              |
| 15. | Worker's Compensation                                      |   |                              |
| 16. | Other: Boatowners  | <u>\$93,477</u>                               | <u>- 4.7%</u>                |

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? This applies to all territories If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Wadena Insurance Company is filing a Boatowners rate change, resulting in an overall rate decrease of 4.7%. This includes factor changes to Policy Matrix, Amount of Insurance, Increased Medical Limits, & Navigational

Waters.
\*Adjusted to reflect all prior rate changes.

Wadena Insurance Company
Name of Company

Jon Clement, CPCU, Sr. Compliance Analyst

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

#### FORM (RF-3)

|                   | Change in Company's premiue effective 04/13/2015                  | ım or rate level produced                      | by rate revision                        |
|-------------------|---|--|---|
| -                 | (1)<br>Coverage   | (2)<br>Annual Premium<br>- Volume (Illinois) * | (3)<br>Percent<br>Change (+or-) **      |
| 1.                | Automobile Liability Private Passenger                            |  |   |
| 2                 | Commercial Automobile Physical Damag Private Passenger Commercial |  | •                                       |
| 3.<br>4.<br>5.    | Liability Other Than Auto<br>Burglary and Theft<br>Glass          |  |   |
| 6.<br>7.<br>8.    | Fidelity<br>Surety<br>Boiler and Machinery                        |  |   |
| 9.<br>10.<br>11.  | Fire<br>Extended Coverage<br>Inland Marine                        |  |   |
| 12.<br>13.<br>14. | Homeowners<br>Commercial Multi-Peril<br>Crop Hail                 |  |   |
| 15.               | Other Commercial Property  Life of Insurance                      | 10,727,005                                     | 5.0%                                    |
| •                 | Does filing only apply to certa Classes? If so, specify: No       | nin territory (territories) or                 | certain                                 |
|                   | Brief description of filing. (If f Organization, specify          | -  | •                                       |
|                   | organization): achieve an overall 5.0% rate change.               | We are updating our Loss                       | Cost Multipliers and Package factors to |
|                   | *Adjusted to reflect all prior ra **Change in Company's premates. |  | It from application of new              |
|                   | 18165.  |  | e Company (NAIC # 24112)                |
|                   |   | Adriana K. Lockmar                             |   |
|                   |   |  | Official – Title                        |

### FORM (RF-3)

#### **SUMMARY SHEET**

|      | (1)   | (2)<br>Annual Premium            | (3)<br>Percent                          |
|------|---|----------------------------------|---|
|      | Coverage                                      | - Volume (Illinois) *            | Change (+or-) **                        |
| Au   | tomobile Liability Private                    |                                  |   |
| Pa   | ssenger                                       |                                  |   |
| Co   | mmercial                                      |                                  |   |
| Au   | tomobile Physical Damag                       |                                  |   |
| Pri  | vate Passenger                                |                                  | •                                       |
| Co   | mmercial                                      |                                  |   |
| Lia  | bility Other Than Auto                        |                                  |   |
| Bu   | rglary and Theft                              |                                  |   |
| Gla  | iss   |                                  |   |
| Fid  | elity   |                                  |   |
| Su   | rety  |                                  |   |
| Bo   | ler and Machinery                             |                                  |   |
| Fire | Э   |                                  |   |
| Ext  | ended Coverage                                |                                  |   |
| inla | and Marine                                    |                                  |   |
| Ho   | meowners                                      |                                  |   |
| Co   | mmercial Multi-Peril                          |                                  |   |
| Cro  | p Hail  |                                  |   |
| Oth  | 1er Commercial Property                       | 28,768                           | 5.8%                                    |
|      | Life of Insurance                             |                                  |   |
|      | es filing only apply to cert<br>asses? If so, | ain territory (territories) or o | certain                                 |
| sp   | ecify: No No                                  |                                  |   |
| Bri  | ef description of filing. (If                 | filing follows rates of an ad    |   |
| Or   | ganization, specify                           | -                                | •                                       |
| org  | ganization):                                  | We are updating our Loss C       | Cost Multipliers and Package factors to |
| ach  | nieve an overall 5.8% rate change.            |                                  |   |
| *A   | djusted to reflect all prior r                | ate changes.                     |   |
| **(  | Change in Company's pre                       | mium level which will result     | from application of new                 |
| rat  | es.   |                                  |   |
|      |   |                                  | nsurance Company(NAIC 24120             |
|      |   |                                  | ne of Company                           |
|      |   | Adriana K. Lockman-              | - Product Analyst                       |